



WORKERS' COMPENSATION FOLLOW UP INVESTIGATION REPORT NJSDA FORM 1108B

INSTRUCTIONS: The Prime Contractor Safety Coordinator and Inspector, and with the subcontractor Competent Person/Foreman-in-Charge, if applicable, shall complete this form. Completion of Form 1108B is required within **48 hours** of date of incident. All original incident investigation documentation shall be kept on-site with the Prime Contractor. Copies shall be electronically forwarded to the NJSDA OCIP Carrier, the CM, assigned NJSDA Field Compliance Inspector, and the NJSDA RMU or designee.

CLAIM INFORMATION:

Date of Incident (mo/day/yr): __/__/____	Time of Incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Project Site:
Employer:	Employee's Name:	Occupation:
Accident Description:	Type of Injury/Illness:	

INVESTIGATION ANALYSIS:

Were photos taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	By whom?:
Name, address and phone number of all witnesses to the incident: <i>(Use separate sheet if necessary)</i>	
Any contributing factors to incident (e.g. unsafe work conditions, unsafe acts of employee, or other):	

JOB HAZARD ANALYSIS REVIEW

Is there a JHA that applies to the task being performed when the injury or incident occurred? <i>If yes, review the JHA, answer the following questions, and attach a copy to this report. If no, please explain why the JHA was not required for the task.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were hazards sufficiently identified? <i>If not, please explain on separate sheet.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were identified controls adequate and implemented? <i>If not, please explain on separate sheet.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were the identified controls not implemented? <i>If not, please explain on separate sheet.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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CORRECTIVE ACTIONS:

I have taken the following temporary permanent immediate actions to reduce recurrence (*explain in detail*):

I recommend the following actions to prevent recurrence and anticipate completion by __/__/____ date: (*explain in detail – be specific as to what would prevent the injury, incident, or damage from occurring again*):

CORRECTIVE ACTIONS TRACKING: (All blocks must be filled in and information verifiable)

Briefly list action(s) from above that have or will be taken to prevent a reoccurrence:	Assigned to Whom	Scheduled Completion Date	Actual Completion Date	Follow-up Date



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Any contributing factors to incident, i.e. equipment/tools, unsafe acts of employee, or other:

SIGNATURES:

Prepared by: _____

Company Name: _____

Forman's Name (please print): _____

Foreman's Signature: _____

Date: _____